

Vendor Record / EFT Establishment Form v-2.0 (May 2020)

General:

Establishing a vendor file is the first step to recording all transactions for a single vendor and exclusive to the Division of Accounts, Department of Administration. This file contains the following data for all permanent vendors and is used on a recurring basis by the Government of Guam.

1. Name
2. Address
3. Type of business and business license
4. EIN/SSN (Tax purposes)

Each vendor is assigned a code consisting eight characters called a "vendor number". The vendor code is required in the processing of transactions to identify the provider of goods or services. The vendor code is used to print the names and addresses on checks.

Vendor numbers have distinct designations:

- Typical Vendor: Alpha-Numeric
- Employees: **3**
- DVR / DISID: **4**
- FEMA / IFG: **5**
- Child Support: **6**
- Special Project (Reis): **7**
- Unassigned: **8, 9**
- Employees (Traveler): **T**

(must also complete Travel-related Form ACC-VNB001 for Per Diem)

Each agency is responsible for updating their vendor's file as needed.

Vendor Records

Line-By-Line Instructions:

Form ACC-VNA001

1 – FROM

Enter the name of the department/agency requesting for a vendor number.

2 – NEW VENDOR

Check this box if request is for a new vendor.

Enter the complete and official name of vendor to be established.

Enter the mailing address of the vendor being established.

3 – CHANGE OF VENDOR RECORD

Check box if a change is being made to an existing vendor record.

- Enter the new name of vendor.
- Enter the new address of vendor.

4 – OTHER REQUIRED INFORMATION

a) Taxpayer ID / Social Security Number (required for tax)

Enter the taxpayer ID Number applicable to this vendor request. Needed for tax reporting purposes.

b) Type of Product / Service

Provide supporting documents for any changes (product or services).

Samples:

- Professional Services;
- Wholesale distributor;
- Work release client;
- Child care client;
- DISID/DVR client.

c) Contact No. (work)

Enter the business contact number.

d) Contact No. (other)

Enter the alternate contact number.

e) Fax Number

Enter the vendor's fax number.

f) E-mail Address

Enter a current email address.

5 – CHECK ALL APPLICABLE

Check the box applicable to the vendor type and other information.

- Petty Cash Custodian;
- Business License;
- Proper Identification.
- Employee (GovGuam);
- Travel (GovGuam);
- Form W-9 (attached)

6 – ELECTRONIC FUNDS TRANSFER INFORMATION

All areas must be complete.

- **Bank Name and Address:** Full bank name (not initials) and complete mailing address is required.

- **Checking:** Voided Check or Personalized Deposit Slip

- **Savings:** Current Bank Statement

- **Account Number:** Complete account number
- **Routing Number:** Bank's routing information

7 – EXISTING VENDOR NUMBER (if any)

8 – VENDOR APPLICANT'S SIGNATURE / PRINTED NAME / PRINTED TITLE

- Signature of the applicant or his/her authorized representative.
- Enter the name and title of the vendor or his/her authorized representative in this field.

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Department of Administration box

To be completed by Division of
Accounts only.

NOTE: Required supporting
documents must be attached
to the Vendor Records / EFT
Establishment application.

Attachments (Where applicable)

- Marriage license
 - Current license (i.e. Business,
Drivers, etc.)
 - Passport
 - Visa, Green-Card
 - Proper identification (Photo
ID with Signature)
 - Court orders / Legal
documents
 - By-laws
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